

REQUEST FOR REFUND	
Address to:	Attorney Docket No.
Commissioner for Patents	CONFIRMATION NO.
P.O. Box 1450	First Named Inventor
Alexandria, VA 22313-1450	APPLICATION NUMBER
	FILING DATE
	GROUP ART UNIT
	EXAMINER NAME
	TITLE: "Methods and Compositions for Treating Carpal Tunnel Syndrome"

Sir:

We request a refund of an unauthorized charge of \$865.00 for a four-month extension fee made to our deposit account (account no. 50-0815) on February 23, 2010.

A Request for Continued Examination, and Supplemental Amendment were filed with the USPTO for the above identified application on January 29, 2010. There has been no correspondence between the Applicants and the U.S. Patent Office between January 29, 2010 and today.

A copy of a monthly statement for our deposit account is attached hereto as Exhibit A. The monthly statement is dated February 26, 2010. As indicated in Exhibit A, fees totaling \$865.00 were charged to our deposit account on February 23, 2010. **This charge to our deposit account was not authorized and therefore should be refunded.**

It is our understanding that the Commissioner can only charge fees to our deposit account only if the Commissioner is authorized to do so.

In view of the above, it is our belief that the Commissioner made an unauthorized charge of \$865.00 to our deposit account. We request a refund of this money.

In compliance with 37 CFR § 1.26(b) this request for refund is being submitted within three months of the date the charge was made.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: April 21, 2010

By: /Bret E. Field, Reg. No. 37,620/
Bret E. Field
Registration No. 37,620

BOZICEVIC, FIELD & FRANCIS LLP
1900 University Avenue, Suite 200
East Palo Alto, California 94303
Telephone: (650) 327-3400
Facsimile: (650) 327-3231